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| **NAME** (*contractor*)       | **COUNTY**       | **FED/STATE PROJECT #**      | **CONTRACT ID**      |
| **NAME** (*trainee*) | **SSN** (*last four digits*)      | **PHONE**      |
| **ADDRESS** (trainee’s *street*)      |  |
| **CITY**       | **STATE**      | **ZIP**      |
| **CLASSIFICATION**      | **WAGE** (*per hour*)      |  |
| **ETHNIC GROUP** (*Check one.*) |
| [ ]  | American Indian or Alaskan Native |
| [ ] [ ]  | Asian or Pacific IslanderBlack |
| [ ] [ ]  | HispanicOther:       |
| **GENDER** (C*heck one.*) |
| [ ] [ ]  | MaleFemale |
| **REFERRAL SOURCE**      |
| **WORK HISTORY** (*List all work experience related to construction work.*) |
|       |
| **NOTE**: This report must be filed and approved prior to trainee commencing work. Return completed form to: Division of Construction Procurement, 3rd Floor West, 200 Mero Street, Frankfort, KY 40622 |
| **FOR TRANSPORTATION CABINET USE ONLY** |
| [ ]  | **Approved** | **BY** (*Division of Construction Procurement*) | **DATE** |
| **NOTE:** You must submit the “Weekly Training Report” on the TC 14-311 form each week with your weekly payroll attached reporting the hours worked on the project in accordance with the individuals “classification” training. |

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